

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

VC 20 462 526

SL 26515

2435 - 62 - 008006

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. FILED MAR 7 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN 915 N. Grand, St. Louis, Mo.Length of stay in 1b
21 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VET. ADM. HOSPITALInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY

c. CITY OR TOWN E. St. Louis

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4637 TudorReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

ESBERY

EPPS

March

1

1962

5. SEX
Male6. COLOR OR RACE
Negro7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6/5/949. AGE (last birthday)
67IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Augusta, Arkansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George M. Epps

13b. MOTHER'S MAIDEN NAME

Ida Foley

14. NAME OF HUSBAND OR WIFE

Lucy Epps

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes

16. SOCIAL SECURITY NO.

WW-1

17. INFORMANT

Address

Lucy Epps (Wife), Same add. as 2.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF STOMACH WITH METASTASES

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

LEFT LOWER LOBE PNEUMONIA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

CHOLELITHIASIS

151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 2/8/62 to 3/1/62 and last saw him alive on 3/1/62
Death occurred at 3:40 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)
SANFORD WOLFSON M. D.22b. ADDRESS
VAH, ST. LOUIS, MO.22c. DATE SIGNED
3/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

25. RECEIVED BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Frank Brooks pf

Licensed Embalmer No.

4356

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.